



**COUNTY OF SEMINOLE
FLORIDA**

Dear Applicant:

Thank you for your interest in applying for a position with the Fire/Rescue Division of the Public Safety Department. Please scan and upload with your on-line application legible copies of the certifications and/or documents listed below. The certifications/documents must be submitted to be considered for the position of Firefighter/EMT or Firefighter/Paramedic.

Failure to submit any of the items listed below will disqualify your application. Please ensure that all certifications/documents have not expired. It is your responsibility to insure that all forms which required a notarized signature are so notarized prior to submission.

- ___ VALID FLORIDA DRIVER'S LICENSE (FRONT & BACK). If an out-of-state driver's license is submitted, a valid Florida Driver's License must be obtained prior to the start of employment.
- ___ SOCIAL SECURITY CARD
- ___ BIRTH CERTIFICATE OR BIRTH REGISTRATION
- ___ HIGH SCHOOL DIPLOMA/G.E.D.
- ___ CERTIFICATE OF COMPLIANCE FLORIDA MINIMUM STANDARDS
- ___ VALID EMT or PARAMEDIC CERTIFICATE ISSUED BY THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
- ___ VALID EVOC CERTIFICATE
- ___ VALID CPAT CERTIFICATION (RECEIVED WITHIN THE LAST 12 MONTHS)
- ___ SEMINOLE COUNTY PERSONAL INQUIRY WAIVER
- ___ SEMINOLE COUNTY TOBACCO/TOBACCO PRODUCTS AFFIDAVIT
- ___ THREE (3) PERSONAL REFERENCES, COMPLETE WITH NAMES, ADDRESSES, AND TELEPHONE NUMBERS.
- ___ LIST ALL EMPLOYMENT HELD FOR THE LAST TEN (10) YEARS (WHERE APPLICABLE) ON THE SEMINOLE COUNTY EMPLOYMENT APPLICATION FORM. USE ADDITIONAL PAPER IF NECESSARY.
- ___ FOR PERSONS LISTING MILITARY SERVICE ON THE EMPLOYMENT APPLICATION, SUBMIT A COPY OF YOUR DD-214.
- ___ **FOR PERSONS WISHING TO ASSERT VETERAN'S PREFERENCE, SEMINOLE COUNTY FORM 0007 AND YOUR DD-214 MUST BE SCANNED AND UPLOADED AT THE TIME YOU COMPLETE YOUR ON-LINE APPLICATION.**

Should you have any questions regarding this letter, please feel free to contact Human Resources at (407) 665-7944.

**PERSONAL INQUIRY WAIVER
AUTHORITY TO REQUEST INFORMATION**

I, _____, hereby authorize the Central Services Department, Human Resources Division, County of Seminole, or its designee, to request and/or verify the following information:

- Work Record (dates, position(s) held, duties performed, reason for leaving, etc.)
- Performance Evaluations (including disciplinary history)
- Wage and Salary History
- Educational Qualifications
- Record of Convictions, including traffic offenses
- Personal Information Inquiry
- Other records as related to my potential employment with Seminole County

This information is to be used to assist the County in determining my qualifications and fitness for the position I am seeking with Seminole County.

I hereby expressly release you, your organization, agents, and servants from any liability of damage which may result from the furnishing of the information requested above.

Applicant Signature

Date

Driver's License Number

State of Issue

Expiration Date

Applicant Name

Social Security Number

Address

City

State Zip Code

AFFIDAVIT

Before me personally appeared _____ who stated that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, _____.

NOTARY PUBLIC

COUNTY OF SEMINOLE
FLORIDA

CENTRAL SERVICES DEPARTMENT
HUMAN RESOURCES DIVISION
COUNTY SERVICES BUILDING
1101 EAST FIRST STREET
SANFORD, FL 32771
(407) 665-7945

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF SEMINOLE

I, _____, do hereby affirm that I have not used tobacco or tobacco products for at least one (1) year immediately preceding my application for Firefighter or Firefighter Paramedic with the Seminole County Board of County Commissioners. I understand that this information is required in compliance with Florida State Statute 633.34, and that the information contained herein is complete and accurate.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this ____ day of _____, _____.

NOTARY PUBLIC
State of Florida-at-Large

My Commission Expires: _____